

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: WA
APPLICATION YEAR: 2005

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004		APPLICANT IDENTIFIER	
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		STATE APPLICATION IDENTIFIER	
		4. DATE RECEIVED BY FEDERAL AGENCY		FEDERAL IDENTIFIER	
5. APPLICANT INFORMATION					
Legal Name: State of Washington, Department of Health			Organizational Unit: MCH Programs, Community & Family Health		
Address (give city, county, state and zip code) NewMarket Industrial Campus, Building 10 P.O. Box 47835 Olympia, WA 98504 County: Thurston			Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Jan Fleming, MCH Office Director Tel Number: 360.236.3581		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">4</div><div style="border: 1px solid black; padding: 2px 5px;">4</div><div style="border: 1px solid black; padding: 2px 5px;">4</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">3</div></div>			7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):			9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: Maternal and Child Health Services Block Grant			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Title V Maternal and Child Health Block Grant		
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Statewide					
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 10/01/2004		Ending Date: 09/30/2005		a. Applicant State of Washington	
				b. Project	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ <u>9,613,745.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
b. Applicant	\$ <u>0.00</u>				
c. State	\$ <u>6,500,000.00</u>				
d. Local	\$ <u>89,000.00</u>				
e. Other	\$ <u>984,626.00</u>				
f. Program Income	\$ <u>0.00</u>				
g. TOTAL	\$ <u>17,187,371.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Patty Hayes			b. Title Assist. Sec., Community & Family Health		c. Telephone Number 360.236.3723
d. Signature of Authorized Representative				e. Date Signed	

FORM 2
MCH BUDGET DETAILS FOR FY 2005

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: WA

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 9,613,745

A.Preventive and primary care for children:

\$ 5,569,242 (57.93%)

B.Children with special health care needs:

\$ 3,163,883 (32.91%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 880,620 (9.16%)

(The above figure cannot be more than 10%) [Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 6,500,000

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 89,000

5. OTHER FUNDS (Item 15e of SF 424)

\$ 984,626

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 7,573,626

\$ 7,573,626

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 17,187,371

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 1,536,000

b. SSDI: \$ 177,000

c. CISS: \$ 0

d. Abstinence Education: \$ 832,000

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 3,940,000

j. Education: \$ 0

k. Other: \$ 0

Childcare Grant & UT \$ 1,209,000

Title XIX \$ 1,500,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 9,194,000

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 26,381,371

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: OtherFedFundsOtherFund

Row Name: Other Federal Funds - Other Funds

Column Name:

Year: 2005

Field Note:

Childcare Grant is DSHS 60.840 @ \$1200,000

UT is Univerisy of UT @ \$9,000

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: WA

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 9,489,652	\$ 10,587,944	\$ 9,364,663	\$ 0	\$ 9,613,745	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 14,500,010	\$ 6,584,859	\$ 7,573,626	\$ 0	\$ 6,500,000	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 9,214,603	\$ 0	\$ 0	\$ 89,000	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 984,626	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 23,989,662	\$ 26,387,406	\$ 16,938,289	\$ 0	\$ 17,187,371	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 8,279,000	\$ 12,633,264	\$ 8,765,000	\$ 0	\$ 9,194,000	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 32,268,662	\$ 39,020,670	\$ 25,703,289	\$ 0	\$ 26,381,371	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: WA

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 9,106,302	\$ 9,107,013	\$ 9,200,528	\$ 8,959,646	\$ 9,191,681	\$ 8,041,809
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 15,000,000	\$ 15,166,966	\$ 15,000,000	\$ 15,303,791	\$ 19,143,000	\$ 7,573,626
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 9,064,942
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 24,106,302	\$ 24,273,979	\$ 24,200,528	\$ 24,263,437	\$ 28,334,681	\$ 24,680,377
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 6,587,000	\$ 7,460,927	\$ 5,120,250	\$ 5,257,058	\$ 11,027,387	\$ 7,761,304
9. Total <i>(Line11, Form 2)</i>	\$ 30,693,302	\$ 31,734,906	\$ 29,320,778	\$ 29,520,495	\$ 39,362,068	\$ 32,441,681
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2002
Field Note:
Federal Allocation: \$1,149,872: FY02 Allocated exceeds FY02 Budgeted by \$199,645. This contributed to timing differences in realizing expenditures of obligated funds.
- 2. Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2003
Field Note:
Federal Allocation: \$(1,098,292): FY03 Expended exceeds FY03 Budgeted because of the timing difference in expending obligated funds. The majority of MCHBG funds are allocated to Local Health Jurisdictions, who are currently on a 2 year calendar year contract cycle.
- 3. Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2002
Field Note:
Total State Funds: \$12,099,506: FY02 Expended represents a 63% variance. FY02 Budgeted exceeds FFY02 Expended due to projections made two years prior using actuals expenditures for FFY02. In FY00, the state economic outlook was significantly different. In FFY02, the MCH Program experienced approximately \$10 million reduction in state funding for vaccines as well as almost \$1 million loss in state funding to Teen Pregnancy Prevention as a result of statewide budget cuts. HSA funds were subsequently made available to meet vaccine needs.
- 4. Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2003
Field Note:
Total State Funds: \$7,915,151 variance: FY03 Budgeted to FY03 Expended represents a 54.58% variance. FY03 Budgeted exceeds FY03 Expended due to projections made two prior, using actual expenditures for FY01. In FY02, the MCH Program experienced an approximately \$10 million reduction in state funding for vaccines as well as almost \$1 million dollar loss in state funding to Child Death Review as a result of statewide budget cuts. HSA funds were subsequently made available to meet vaccine needs.
- 5. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2003
Field Note:
Local Funds: \$(9,214,603) variance: The negative variance reflects the shift in funding source for vaccines from state funds to HSA (Health Services Account) funds. This funding source had not previously been in Washington State's MCH program. This category also reflects local funding of approximately \$89,000.
- 6. Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2002
Field Note:
Other Funds (8,494,012): The negative variance reflects the shift in funding source for vaccines from state funds to HSA funds. This funding source had not previously been in WA State's MCH program. This category also reflects expenditures in State Title XIX for \$1.1 million.
- 7. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2002
Field Note:
Other Federal Funds (3,266,083): FFY02 Budgeted exceeds FFY02 Expended because of the reduction in Children with Special Needs funding through a DSHS Interagency Agreement of approximately \$3.4 million.
- 8. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2003
Field Note:
Other Federal Funds: \$(4,354,264) variance: FY03 Expended exceeds FY03 Budgeted primarily because of the \$3,147,866 increased amounts received for Immunizations from the CDC. OMCH received an EDDHI grant for \$226,027 as well as a Newborn Hearing Screening grant for \$177,623 after the FY03 estimates were submitted. Additionally, Title-19 match was \$150,240 more than estimated. The balance of the excess was due to small increases in existing grants' expenditures due to timing and carryforward.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: WA

	FY 2003		FY 2004		FY 2005	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 2,300,000	\$ 2,511,685	\$ 2,000,000	\$ 0	\$ 1,719,000	\$ 0
b. Infants < 1 year old	\$ 4,930,000	\$ 5,339,559	\$ 2,789,000	\$ 0	\$ 3,437,000	\$ 0
c. Children 1 to 22 years old	\$ 10,680,000	\$ 11,838,085	\$ 6,070,000	\$ 0	\$ 7,414,000	\$ 0
d. Children with Special Healthcare Needs	\$ 5,115,000	\$ 5,822,065	\$ 5,000,000	\$ 0	\$ 3,781,000	\$ 0
e. Others	\$ 270,000	\$ 127,024	\$ 200,000	\$ 0	\$ 86,000	\$ 0
f. Administration	\$ 694,662	\$ 748,988	\$ 879,289	\$ 0	\$ 750,371	\$ 0
g. SUBTOTAL	\$ 23,989,662	\$ 26,387,406	\$ 16,938,289	\$ 0	\$ 17,187,371	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 300,000		\$ 530,000		\$ 1,536,000	
b. SSDI	\$ 100,000		\$ 100,000		\$ 177,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 739,000		\$ 739,000		\$ 832,000	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 4,090,000		\$ 4,946,000		\$ 3,940,000	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Childcare Grant & UT	\$ 0		\$ 0		\$ 1,209,000	
Title XIX	\$ 0		\$ 0		\$ 1,500,000	
CLDF (93.575)	\$ 0		\$ 1,100,000		\$ 0	
Domestic Violence (93.926)	\$ 150,000		\$ 150,000		\$ 0	
Title XIX (93.778)	\$ 1,200,000		\$ 1,200,000		\$ 0	
CCDF (93.575)	\$ 1,200,000		\$ 0		\$ 0	
TANF (93.558)	\$ 500,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 8,279,000		\$ 8,765,000		\$ 9,194,000	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: WA

	FY 2000		FY 2001		FY 2002	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 2,000,000	\$ 2,284,257	\$ 2,100,000	\$ 2,263,966	\$ 2,200,000	\$ 2,293,193
b. Infants < 1 year old	\$ 4,000,000	\$ 4,839,154	\$ 5,200,000	\$ 4,928,691	\$ 6,900,000	\$ 5,746,457
c. Children 1 to 22 years old	\$ 11,700,000	\$ 10,152,038	\$ 10,200,000	\$ 10,677,176	\$ 12,300,000	\$ 10,807,089
d. Children with Special Healthcare Needs	\$ 5,200,000	\$ 5,351,744	\$ 5,200,000	\$ 5,114,479	\$ 5,300,000	\$ 4,792,845
e. Others	\$ 456,302	\$ 287,389	\$ 300,528	\$ 267,705	\$ 285,000	\$ 176,843
f. Administration	\$ 750,000	\$ 1,359,397	\$ 1,200,000	\$ 1,011,420	\$ 1,349,681	\$ 863,950
g. SUBTOTAL	\$ 24,106,302	\$ 24,273,979	\$ 24,200,528	\$ 24,263,437	\$ 28,334,681	\$ 24,680,377

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 255,000		\$ 100,000		\$ 323,387	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 739,000		\$ 739,000		\$ 739,000	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 4,293,000		\$ 2,981,250		\$ 4,395,000	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
CCDF (93.575)	\$ 0		\$ 0		\$ 1,070,000	
Domestic Violence (93.926)	\$ 0		\$ 0		\$ 150,000	
TANF (93.558)	\$ 0		\$ 0		\$ 3,050,000	
Title XIX (93.778)	\$ 0		\$ 0		\$ 1,200,000	
Title XIX	\$ 1,200,000		\$ 1,200,000		\$ 0	
III. SUBTOTAL	\$ 6,587,000		\$ 5,120,250		\$ 11,027,387	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2002
Field Note:
(93,193): As in Form 3, timing differences account for the variance between budgeted and expended.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2002
Field Note:
1,153,543: FY02 was budgeted using FY00 Actual amounts. IN FY00, it was expected that this category would be able to expend approximately \$2.1 million more than the actual expenditure for FY00. This assumption formed the basis for the budgeted amount for FY02 in this category. Additionally, as in Form 3 timing differences also contributed to the positive variance.
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2002
Field Note:
1,655,843: MCH lost approximately \$1 million in state funding for teen pregnancy prevention. Additionally, loss of state funds for immunization impacted expenditures in this category.
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2003
Field Note:
Children 1-22 years old: \$(91,158,085) variance: Overall, expenditures have shifted to MCH emphasized categories and away from All Others. This is due to efforts to more appropriately meet MCH population needs and protect services in a down-turned economy. While not verifiable at this time, it is possible that better reporting from Local Health Jurisdictions accounts for the change. Timing differences were also a factor.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2002
Field Note:
507,155: There were timing differences in realizing expenditures for obligated funds.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2003
Field Note:
CSHCN: \$(707,065) variance: Overall, expenditures have shifted to MCH emphasized categories and away from All Others. This is due to efforts to more appropriately meet MCH population needs and protect services in a down-turned economy. While not verifiable at this time, it is possible that better reporting from the Local Health Jurisdictions accounts for the change. Timing differences are also a factor.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2002
Field Note:
108,157: The positive variance is due to a shift in expenditure allocations to other categories in order to increase precision of reporting.
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2003
Field Note:
All Others: \$142,976: The positive variance is due to a continuing shift of expenditures in other categories in order to increase emphasis on MCH population services as well as increased precision in reporting.
- 9. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2002
Field Note:
485,731: Positive variance is due to a decrease in indirect rates.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: WA

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 1,603,000	\$ 1,680,224	\$ 1,100,000	\$ 0	\$ 1,095,000	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 3,695,000	\$ 4,926,659	\$ 4,308,000	\$ 0	\$ 3,209,000	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 11,820,000	\$ 12,337,208	\$ 3,200,000	\$ 0	\$ 8,035,000	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,871,662	\$ 7,443,315	\$ 8,330,289	\$ 0	\$ 4,848,371	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 23,989,662	\$ 26,387,406	\$ 16,938,289	\$ 0	\$ 17,187,371	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: WA

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,200,000	\$ 2,115,283	\$ 2,000,000	\$ 1,603,251	\$ 2,100,000	\$ 1,146,543
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,500,000	\$ 4,059,537	\$ 4,000,000	\$ 3,969,065	\$ 3,500,000	\$ 4,311,298
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 12,500,000	\$ 10,241,071	\$ 10,500,000	\$ 11,820,492	\$ 15,000,000	\$ 11,829,513
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,906,302	\$ 7,858,088	\$ 7,700,528	\$ 6,870,629	\$ 7,734,681	\$ 7,393,023
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 24,106,302	\$ 24,273,979	\$ 24,200,528	\$ 24,263,437	\$ 28,334,681	\$ 24,680,377

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2002
Field Note:
953,457: The positive variance reflects a shift in expenditures to other levels of the pyramid (e.g., Enabling Services and Infrastructure Building).
- 2. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2002
Field Note:
(811,298): The negative variance reflects some under-budgeting (approximately \$300,000) when the budget was submitted in FY00. FY00 actual amounts were used in compiling the budget. Additional over-expenditure reflects a shift in expenditures from other categories.
- 3. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
Enabling Services: \$(1,231,659) variance: Overall, Washington State expenditures in Form 5 increased over budgeted estimates. Total state and local funds expended increased by \$1,299,452 and MCHBG expended increased by \$1,098,292 across all categories. The negative variance of 33.33% in Enabling Services can be accounted for due to the following: Comparisons of percent budgeted of total amount budgeted versus percent expended of total amount expended across categories revealed no significant differences. Therefore, the variance is most likely due to increased state expenditures and increased MCHBG expenditures. The latter would be caused by timing differences.
- 4. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2002
Field Note:
3,170,487: The budget was compiled in FY00, utilizing actual amounts for that period. At the time, it was expected that approximately \$5 million more than the actual expended amount for FY00 would be expended in this category in FY02. The budgeted amount reflects this assumption. Additionally, the teen pregnancy prevention program lost approximately \$1 million in state funding.
- 5. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2002
Field Note:
341,658: The variance represents both a shift in funding, particularly at the local level, to protect enabling services during the current economic downturn and timing differences in unrealized obligated expenditures.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
Sect. 506(a)(2)(B)(iii)						
STATE: WA						
Total Births by Occurrence: 75,395				Reporting Year: 2002		
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	74,925	99.4	8	5	2	40
Congenital Hypothyroidism	74,925	99.4	69	35	35	100
Galactosemia	74,925	99.4	6	3	3	100
Sickle Cell Disease	74,925	99.4	176	6	6	100
Other Screening (Specify)						
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: BirthOccurence

Row Name: Total Births By Occurence

Column Name: Total Births By Occurence

Year: 2005

Field Note:

These data come from the Department of Health Office of Newborn Screening database (updated monthly). The numerator is the number of live born infants born in Washington that were reported as screened by the Office of Newborn Screening. The denominator is the number of live births occurring in Washington. Infants born on U.S. Military Installations are excluded. For 2002, the total excludes 2,907 military births screened by Oregon, 52 parent refusals, 156 babies who died prior to getting a screen, & 80 babies who were transferred to an out-of-state hospital and screened there.. The state currently screens for adrenal hyperplasia, PKU, hypothyroidism, and hemoglobinopathies. In 2003, Washington started to screen for galactosemia.

Numerator==74,925

Den== 78,590-Exclusions (288) – Military (2,907)= 75,395

Total screened = 99.38%

2. **Section Number:** Main

Field Name: Phenylketonuria_OneScreenNo

Row Name: Phenylketonuria

Column Name: Receiving at least one screen

Year: 2005

Field Note:

Three of the five kids with PKU had only mildly elevated phenylalanine levels as newborns. Their blood levels are monitored regularly and we expect that some of them, once they are off breast milk and on a diet containing solid foods, will require treatment (when their blood phenylalanine levels rise above 6mg/dL).

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: WA

Reporting Year: 2003

	TITLE V		PRIMARY SOURCES OF COVERAGE			
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	17,947	87.0		9.0	2.0	2.0
Infants < 1 year old	75,602	43.0	0.7	47.0	9.0	
Children 1 to 22 years old	392,828	33.0	0.5	56.0	11.0	
Children with Special Healthcare Needs	11,045	83.0		14.0	3.0	
Others	3,983	43.0	0.0	16.0	20.0	21.0
TOTAL	501,405					

FORM NOTES FOR FORM 7

Number of Individuals Served (Unduplicated) under Title V

Total Served: Total served is the unduplicated total number of individuals receiving a direct service from the Title V program by class of individual. The number of pregnant women served, children with special health care needs served, and others served comes from reporting of direct services by local health jurisdictions across the state. The number of infants < 1 year of age served is the number of newborns screened in 2003 from the Newborn Screening Program, Washington State Department of Health Public Health Laboratories. The number of children ages 1 to 22 served includes those children ages 1 to 6 that are sent CHILD Profile Health promotion materials through the mail as well as 50% of the children reported served by the local health jurisdictions across the state. Only 50% of the children served by local health jurisdictions are included to eliminate the possibility of duplication with the number of children receiving CHILD Profile packets.

Primary Data Sources : These data were obtained from reporting by LHJs , WA State Dept of Health Newborn Screening Program, and the WA State Dept of Health Child Profile Program.

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: WA

Reporting Year: 2002

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	77,799	63,123	3,202	1,835	6,408	427	0	2,804
Title V Served	19,324	15,679	795	456	1,592	106	0	696
Eligible for Title XIX	33,744	26,963	2,005	1,349	2,057	237	0	1,133
INFANTS								
Total Infants in State	79,003	64,159	3,245	1,853	6,471	428	0	2,847
Title V Served	74,925	60,848	3,077	1,757	6,137	406	0	2,700
Eligible for Title XIX	34,178	27,288	2,053	1,369	2,076	241	0	1,151

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	64,117	12,323	1,359	10,348	50	296	675	954
Title V Served	15,926	3,061	338	2,570	12	74	168	237
Eligible for Title XIX	24,222	8,979	543	7,872	26	130	380	571
INFANTS								
Total Infants in State	65,242	12,393	1,368	10,396	54	302	684	957
Title V Served	61,874	11,753	1,297	9,859	51	286	649	908
Eligible for Title XIX	24,563	9,062	553	7,938	27	135	387	575

FORM NOTES FOR FORM 8

Deliveries and Infants served by Title V and entitled to benefits under Title XIX.
Total Deliveries in State:
The population-based total of all resident deliveries occurring in Washington State for 2002 was obtained from the First Steps Database (FSDB), Washington State Department of Social and Health Services, 2/7/04, using 2002 Washington State Birth Certificate Files. The FSDB number of deliveries is unduplicated by woman (in the case of multiple births) and includes fetal deaths.

Title V Served: No contractors are using Maternal and Child Health funds for direct prenatal care, delivery and postpartum services. This number represents the total number of pregnant women served by all LHJs in 2003, and was reported in Form 7 of 2005 Maternal and Child Health Block Grant Application.

Eligible for XIX: Those eligible for Title XIX were determined by the number of Medicaid deliveries, by race and ethnicity, reported in the First Steps Database, Washington State of Social and Health Services, 2/7/04. These data reflect Washington state residents.

Total Infants in State:
The population-based total of all infants (<1year old) by race in Washington State for 2002 was derived from the total number of births by residence in the state by maternal race from the Washington State Birth Certificate Files. The number of infants is computed by counting all live born infants (fetal deaths are excluded).

Title V Served: The total number of infants served under Title V is the number of infants receiving newborn screening in 2002, as reported on Form 6. These data were obtained from the Newborn Screening Program, Washington State Department of Health Public Health Laboratories.

Eligible for XIX: Those eligible for Title XIX were determined by the number of births reported by Medicaid status, maternal race and maternal ethnicity in the First Steps Database, Washington State of Social and Health Services, 2/7/04

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: WA

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	800-322-2588	800-322-2588	(800) 322-2588	(800) 322-2588	(800) 322-2588
2. State MCH Toll-Free "Hotline" Name	Healthy MothersHealthy Babies	Healthy MothersHealthy Babies	Healthy Mothers Healthy Babies	Healthy Mothers Healthy Babies	Healthy Mothers Healthy Babies
3. Name of Contact Person for State MCH "Hotline"	Vicki M. Bouvier	Nancy Welton	Nancy Welton (360) 236-	Nancy Welton (360) 236-	Nancy Welton (360) 236-
4. Contact Person's Telephone Number	(360) 236-3459	(360) 236-3524	Tom Rogers (360) 236	Johanna Flynn (360) 236	Tom Rogers (360) 236
5. Number of calls received on the State MCH "Hotline" this reporting period			54,593	47,849	44,341

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: WA

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2005
[SEC. 506(A)(1)]
STATE: WA

1. State MCH Administration:
(max 2500 characters)

The Department of Health (DOH) is the state agency which administers the MCH Block Grant in the state of Washington. The Office of Maternal and Child Health (OMCH) is located in the Division of Community and Family Health, under the direction of the Assistant Secretary, Jackson L. Williams, M.A. OMCH is divided into the following sections: Maternal Infant Health, Child and Adolescent Health, CHILD Profile, Children with Special Health Care Needs, Genetics, Immunization and Assessment. These sections are focused primarily on infrastructure building, with the majority of direct health care, enabling and population based Title V services contracted and provided through 35 Local Health Jurisdictions and other agencies throughout the state.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 9,613,745
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 6,500,000
5. Local MCH Funds (Line 4, Form 2)	\$ 89,000
6. Other Funds (Line 5, Form 2)	\$ 984,626
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 17,187,371

9. Most significant providers receiving MCH funds:

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	17,947
b. Infants < 1 year old	75,602
c. Children 1 to 22 years old	392,828
d. CSHCN	11,045
e. Others	3,983

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

·Maternity Support Services (MSS): Provided MSS services to over 39,000 pregnant women per year through 110 provider agencies, as a shared program with the Medical Assistance Administration, DSHS.·Toll-Free Phone Line: Healthy Mothers Healthy Babies, the MCH toll-free line received over 47,849 calls in 2002. ·Unintended Pregnancy. Over 45,000 people enrolled in the new "Take Charge" family planning program, starting July 1, 2001 to those below 200% FPL through a five-year Medicaid waiver. ·Regional Genetics Clinics served 7,775 families in calendar year 2002.

b. Population-Based Services:
(max 2500 characters)

· Healthy Youth Survey: Participated in the development of the Healthy Youth Survey with other state and local agencies. The survey was administered in the fall 2002. · Childhood Immunization: the state's policy of providing universal access to vaccine has been expended to include pneumococcal conjugate vaccine; policy decision to add influenza vaccine for healthy infants is currently pending. · In CY 02 more than 1 million CHILD Profile health promotion mailings were sent to parents of more than 350,000 children 0-6 years of age. · CHILD Profile activities were recognized in fall 2002 with receipt of the National Program Excellence Award from the Society for Public Health Education.

c. Infrastructure Building Services:
(max 2500 characters)

· Early Hearing-loss Detection, Diagnosis & Intervention (EHDDI): the EHDDI Surveillance & Tracking system was completed & pilot testing begun. · Volumes One & Two of the 1996-98 Surveillance Report for Washington PRAMS have been published. See: <http://www.doh.wa.gov/cfh/PRAMS/default.htm> · The Child Death Review teams reviewed 423 unexpected deaths of Washington children ages birth to eighteen and produced a written summary report. · WA State Dental Sealant & Fluoride Varnish Guidelines updated due to change in state law that allows certain non-dentist providers to make these applications. · Tobacco use in pregnancy. Over 600 MSS providers trained in preparation for MSS performance measure to strengthen screening and assistance offered for smoking cessation and reducing pediatric smoke exposure. · CSHCN Family Advisory Network developed the Family Advisory Network to serve on WISE grant. · Gains have been made in creating child care support for families of children with special health care needs through partnerships. · As of 12/13/02, more than 80% of children under 6 and more than 3.4 million WA residents now have immunization data in the CHILD Profile Registry. · HIV testing during pregnancy: Effective July 02, revised rules adopted for HIV/AIDS counseling for pregnant women to reduce barriers for routine HIV testing of pregnant women.

12. The primary Title V Program contact person:

Name	Jan Fleming, MN
Title	Director, Office of MCH
Address	New Market Industrial Complex, Bldg. 10P.O. Box 4783

13. The children with special health care needs (CSHCN) contact person:

Name	Maria Nardella
Title	Manager of OCSHCN
Address	New Market Industrial Campus, Bldg. 7P.O. Box 47880

City	Olympia
State	WA
Zip	98504-7880
Phone	(360) 236-3581
Fax	(360) 236-2323
Email	Jan.Fleming@doh.wa.gov
Web	

City	Olympia
State	WA
Zip	98504-7880
Phone	(360) 236-3573
Fax	(360) 586-7868
Email	Maria.Nardella@doh.wa.gov
Web	

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: WA

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective			99.5	99.6	99.7
Annual Indicator			93.6	93.9	
Numerator			44	46	
Denominator			47	49	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	99.7	99.7	99.7	99.7	99.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					54.9
Annual Indicator				54.9	54.9
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	54.9	54.9	54.9	54.9	54.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					53.6
Annual Indicator				53.6	53.6
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	53.6	53.6	53.6	53.6	53.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					64.4
Annual Indicator				64.4	64.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	64.4	64.4	64.4	64.4	64.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					74.1
Annual Indicator				74.1	74.1
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	74.1	74.1	74.1	74.1	74.1
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					5.8
Annual Indicator				5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>5.8</u>	<u>5.8</u>	<u>5.8</u>	<u>5.8</u>	<u>5.8</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	82	82	82.5	83	75
Annual Indicator	67.0	72.5	71.2	69.2	
Numerator	53,298	57,141	56,890	54,681	
Denominator	79,549	78,816	79,903	79,019	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	76.4	77.9	79.5	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	24.5	23.8	23	22.2	16.5
Annual Indicator	22.4	20.4	17.7	16.8	
Numerator	2,699	2,559	2,251	2,151	
Denominator	120,606	125,235	127,203	128,193	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	16.1	16	16	16	16
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	45.5	48.2	48.6	48.9	49.3
Annual Indicator	34.0	55.5	55.5	55.5	55.5
Numerator	31,324	50,993	50,993	45,800	46,009
Denominator	92,130	91,938	91,938	82,570	82,900
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	49.6	50	50.3	50.6	50.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	3.1	3	3	3	2.9
Annual Indicator	3.2	3.4	2.8	2.7	
Numerator	41	43	35	34	
Denominator	1,261,695	1,255,051	1,258,895	1,260,062	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.9	2.9	2.8	2.8	2.8
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	88.5	90	90.5	91	91.5
Annual Indicator	87.7	88.0	90.0	90.0	
Numerator	67,400	68,900	69,192	68,699	
Denominator	76,849	78,291	76,881	76,333	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	92	92.5	93	93.5	93.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.2	10	30	50	70
Annual Indicator	7.3	22.5	40.9	62.2	81.0
Numerator	5,811	18,212	32,028	47,550	59,619
Denominator	79,640	80,981	78,310	76,458	73,649
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	6.8	6.6	6.5	6.4	6.3
Annual Indicator	7.8	7.1	7.1	8.6	8.6
Numerator	119,526	107,592	107,592	139,297	
Denominator	1,532,386	1,525,907	1,525,907	1,623,925	
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.2	6.1	6.1	6.1	6.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	88.5	90	89.5	90	90.5
Annual Indicator	93.5	93.5	67.4	91.4	
Numerator	444,845	444,845	242,365	587,057	
Denominator	475,567	475,567	359,757	642,455	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	91	91.5	91.6	91.5	91.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	1	0.95	1	1	1
Annual Indicator	1.0	1.0	1.0	1.0	
Numerator	799	773	825	774	
Denominator	79,666	80,653	79,142	77,970	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	11.8	11.8	11.7	11.7	8.5
Annual Indicator	14.8	9.8	8.0	8.7	
Numerator	61	42	35	38	
Denominator	412,545	427,968	435,035	437,828	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	8.4	8.2	8	7.9	7.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	79.2	79.4	79.6	79.8	80
Annual Indicator	73.8	73.1	75.4	82.6	
Numerator	558	520	582	617	
Denominator	756	711	772	747	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	80.2	80.4	80.6	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	84	85	85.5	86	84.2
Annual Indicator	82.8	82.6	83.2	83.4	
Numerator	59,628	61,700	60,771	60,076	
Denominator	71,985	74,676	73,038	72,055	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85.1	85.9	86	86	86
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

The percent of pregnancies (live births, fetal deaths, abortions) that are unintended.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	50%	47%	44	41	53.9
Annual Indicator	53.2	53.0	53.9	55	
Numerator	56,382	56,185	56,619		
Denominator	106,010	106,010	105,140		
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	52.8	51.8	50.7	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

The percent of pregnant women abstaining from smoking.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	86.0%	86.5%	87.5%	88.0%	88.5%
Annual Indicator	85.8	86.5	87.4	88.0	
Numerator	63,824	66,934	67,779	67,727	
Denominator	74,410	77,384	77,587	76,929	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	89.0%	89.5%	89.5	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Percent of women who receive counseling from their prenatal health care provider on tests for identifying birth defects or genetic disease.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	89.5	90	90.1	90.2	90.3
Annual Indicator	90.4	87.0	88.0	89.0	
Numerator	69,509	68,125	67,673	67,934	
Denominator	76,849	78,291	76,881	76,333	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90.4	90.5	90.6	90.7	90.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Establish state and local capacity for determining the prevalence of children with special health care needs.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	26	40	60	80	100
Annual Indicator	26	40	63	80	
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100%	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

To reduce the prevalence of 8th grade youth who report smoking one or more cigarettes in the last 30 days.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective			12.3	12.0	11.8
Annual Indicator		12.5	12.5	9.2	9.2
Numerator		9,644	9,644	6,774	
Denominator		77,149	77,149	73,634	
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	11.5	11.3	11.3	11.1	11.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

The percent of women who are screened for domestic violence during their prenatal care visits.(SP 11 Revised.)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective		40%	42%	44%	46%
Annual Indicator	38.4	40.0	49.0	46.0	
Numerator	29,695	31,506	37,849	35,113	
Denominator	77,333	78,765	77,242	76,333	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	48%	50%	52	54	54
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

Increase the capacity of MCH to assess mental health needs of the child and adolescent population and to promote early identification, prevention and intervention services.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective			20	49	67
Annual Indicator		20.0	20.0	40.0	56
Numerator		3	3	6	
Denominator		15	15	15	
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

The percent of women who are screened during prenatal care visits for smoking, alcohol use, illegal drug use, HIV status, and postpartum birth control plans.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective		57%	59%	61%	63%
Annual Indicator	54.0	48.0	49.0	50.0	
Numerator	41,498	37,582	37,672	38,166	
Denominator	76,849	78,291	76,881	76,333	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	65%	67%	69	71	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 9

Develop and implement a set of measurable indicators and a strategic plan to improve food security in the Washington MCH population, that is, absence of skipped meals or hunger due to lack of food.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective			33	66	80
Annual Indicator		26.7	33.3	53.3	60
Numerator		4	5	8	
Denominator		15	15	15	
Is the Data Provisional or Final?					Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 10

Increase statewide system capacity to promote health and safety in child care.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective			25	50	70
Annual Indicator			5.0	35.0	64
Numerator			1	7	
Denominator			20	20	
Is the Data Provisional or Final?					

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	85	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2005
Field Note:
2003 not available.
The percent of newborns in the State with at least one screening for each of PKU, hypothyroidism, galactosemia, hemoglobinopathies with appropriate referral. These data come from Form 6. The numerator is the number of live born infants born in Washington that were reported by the Office of Newborn Screening as screened and were a confirmed case that received treatment. The denominator is the number that were screened and were a confirmed case. In 2002, 99.4% of newborns received a newborn screening. The state currently screens for adrenal hyperplasia, PKU, hypothyroidism, and hemoglobinopathies. Washington started screening for galactosemia in 2003. See Form 6 for details on conditions.
2. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
The source is the CHSCN Survey from the MCHB. No new data are available.
3. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
The source is the CHSCN Survey from the MCHB. No new data are available.
4. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
The source is the CHSCN Survey from the MCHB. No new data are available.
5. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
The source is the CHSCN Survey from the MCHB. No new data are available.
6. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
The source is the CHSCN Survey from the MCHB. No new data are available.
7. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
2003 Data not available
Numerator data came from the National Immunization Survey 2002, Centers for Disease Control and Prevention (CDC). This estimate is based on the provider-verified responses for children who live in households with telephones. Statistical methods are used to adjust for children whose parents refuse to participate, those who live in households without telephones, or those whose immunization histories cannot be verified through their providers. The numerator is the estimated number of children with completed immunizations. Denominator data came from the Washington State Office of Financial Management. We adjusted the previous year's data to include only 2 year olds per the detail sheet for this performance measure.
8. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2005
Field Note:
2003 data not available.
The source of these data is the Washington Center for Health Statistics Birth Certificate files (updated annually between September and October). The numerator is defined as the number of live births to women ages 15-17. The denominator is the estimate of 15-17 year old women in Washington on November 2003, from Office of Financial Management. Missing data are excluded. Less than 1% of the age data are missing.
9. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2005
Field Note:
Not new data available.
These data were obtained from the Smile Survey 2000. The percent of third grade children who have received protective sealants on at least one permanent molar tooth is 55.5 (95% Confidence Interval is 52.7-58.3). For this survey, an electronic list of all public elementary schools in Washington was obtained from the Office of Superintendent of Public Instruction. Fifty-five schools with at least 25 children in second and/or third grade were randomly selected for participation. Seven of the schools refused to participate resulting in 48 schools with an enrollment of 6,814 children in second and third grade. Of the total 2,699 children who participated, 1,217 were in third grade. Schools who participated were more likely to have a low-income student body, and students who participated were also more likely to be low income. The children taking

part in this survey are not representative of the state as a whole, since both minority children and low-income children were over-sampled. Since income has been shown to be related to sealant use, this estimate may underestimate the true percentage of third graders with at least one sealant on a permanent molar tooth. The denominator is the estimated number of 8 year-old children in 2000 reported by the Office of Financial Management, 2002.

10. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data not available.

The source of the data is the Washington State Center for Health Statistics Death Certificate Files (updated annually between September and October). The numerator is defined as the number of Motor Vehicle Crash (MVC) deaths occurring to children aged 0-14 years. The denominator is the estimate number of children 0-14 years old in 2001 in Washington from the Office of Financial Management. The numerator data represent unintentional motor vehicle traffic-related deaths with the following ICD-10 codes: ICD-10 codes: V30-39(.4-.9), V40-49(.4-.9), V50-59(.4-.9), V60-69(.4-.9), V70-79(.4-.9), V81.1,V82.1,V83-V86 (.0-.3), V20-28(.3-.9), V29 (.4-.9), V12-14 (.3-.9), V19 (.4-.6), V02-04(.1-.9),V09.2,V80(.3-.5),V87(.0-.8),V89.2.

11. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2005

Field Note:

The source of these data is the 2001 Washington State Pregnancy Risk Assessment Monitoring System (PRAMS). The 2002 PRAMS data are delayed at the CDC and were not available for reporting this year. The numerator is based on the estimated proportion of women who reported breastfeeding at any time in PRAMS. The denominator was obtained from the live birth file, for Washington residents with plurality of 1 or first birth order. Note- we have revised the denominator and numerator data for the previous year based on the new methodology for the denominator.

12. Section Number: Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2005

Field Note:

In CY 2003, 81% of infants born in Washington hospitals received newborn hearing screening (59,619 hospital births in Washington (73,649).

13. Section Number: Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2005

Field Note:

No new data for 2003.

The data source is the 2002 Washington State Population Survey, from the Washington State Office of Financial Management (OFM). The State Population Survey is a telephone-based survey that takes place every two years. Children include persons 0 through age 18. Insurance status was based on time of interview. Estimates are adjusted for missing income or insurance status data.

14. Section Number: Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2005

Field Note:

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

2002 Indicator - 91.4%

Numerator - 587057

Denominator - 642455

Technical Note: The source of these data is the Washington State Department of Social and Health Services 2002 Client Data. The numerator represents the unduplicated count of Medical Assistance Administration clients under age 18 who received one or more medical services (including in- and out-patient hospital services, physician services, dental services, prescription drugs, managed care, or other medical services) in 2002. The denominator includes the unduplicated count of clients under age 18 enrolled at any time during the year with the Medical Assistance Administration. In addition to federally-funded services, Washington State covers the cost of services to non-Medicaid eligible children under the age of 18 with family incomes below 100% of the federal poverty level.

15. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data are not available.

Very low birth weight (VLBW) is defined as any live born infant weighing less than 1500 grams. These data come from the Washington State Center for Health Statistics Birth Certificate Files and are updated annually. The numerator represents the number of resident infants born weighing between less than 1500 grams. The denominator represents all resident live births in the reporting year. Missing data are excluded. 1.3% of the weight data are missing.

16. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data not available.

The numerator for this rate is defined as the number deaths with ICD 10 Codes X60-X84 and Y87.0 and U03 for youth ages 15-19. The denominator is the estimated population for ages 15-19. The rate is per 100,000 population. The source for the data is the Washington Center for Health Statistics Death Certificate files (updated annually between September and October) and the Office of Financial Management, Intercensal and Postcensal Estimates of County Population by Age and Sex.

17. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data not available.

The numerator is determined by the number of resident very low birth weight (VLBW) births that occur in-state delivered at a hospital providing perinatal intensive care (level

III). The denominator represents the total number of VLBW resident infants born in-state. The source for this data is the Washington Center for Health Statistics Birth Certificate Files (updated annually between September and October). Missing data are excluded. 0.5% of the weight data are missing.

18. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data not available.

The numerator is the number of resident live births with a reported first prenatal visit before 13 weeks gestation. The denominator is the total number of resident live births. Missing data are excluded. In 2002, 8.8% of the data was missing for this measure. The source for these data is the Washington Center for Health Statistics Birth Certificate Files (updated annually between September and October).

19. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2005

Field Note:

2002 PRAMS data not available.

This numerator for this measure is derived from [the estimated percentage of unintended pregnancies from Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) survey *(resident live births + reported resident abortions. The denominator for this measure is the number of resident live births + reported resident abortions. Birth and Abortion data are obtained from the Washington State Center for Health Care Statistics Birth, Fetal Death, and Abortion files for 2002. PRAMS 2001 data are used here since the 2002 data have been delayed at the CDC and were unavailable.

20. Section Number: State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2005

Field Note:

2003 data not available.

The source for these data is the Washington State Center for Health Statistics Birth Certificate file. The numerator is the number of resident women who reported abstaining from smoking during pregnancy on the birth certificate. The denominator is all resident births in the reporting year. 2.6% of the data were missing in 2002 for this measure and are excluded from the denominator.

21. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2005

Field Note:

2002 PRAMS data not available.

The source for the data is the 2001 Washington State PRAMS. The 2002 data are delayed at the CDC and were unavailable. The measure is defined as the estimated proportion of women who reported that their health care provider talked to them about genetic testing or birth defect screening. The denominator was obtained from the live birth file, for Washington residents with plurality of 1 or first birth order. Note- we have revised the denominator and numerator data for the previous year based on the new methodology for the denominator.

22. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2005

Field Note:

The source of the data is the Washington State CSHCN Program.

Year 4 (October 2002-September 2003) Target: 80%

Score: Cumulative Score: 80%

Benchmarks for Year 4:

1. Improvement of Child Health Intake Form (CHIF) automated system

v Work Done in Year 4: In March 2003, thirty Local CSHCN Programs participated in CHIF Trainings and quality improvement sessions conducted in Spokane and Olympia, Washington. The State CSHCN Program produced materials for the CSHCN Manual, including a "When to CHIF" document, a decision tree and flow care of reporting processes. Implementation of these requirements will occur in January 2004. Development of the standard criteria for enrolling a child with special needs into the CHIF database included input from local CSHCN Program staff. Continued data quality improvement strategies are in the early development stages.

2. Develop a work plan to target data systems beyond the public sector to learn about the prevalence of children with special needs. Included in this plan will be outreach to private insurers, Indian Health, military, Basic Health, undocumented and the uninsured. Developing relationships with these other systems and identifying barriers to securing.

§ Work Done in Year 4: As part of the MCH 5 Year Needs Assessment, the CSHCN Program developed a tentative work plan and created the CSHCN Road show. This CSHCN Road show was used to share current data sources on children with special needs and to solicit a list of additional data sources and contacts. The CSHCN Program also meets regularly with the Basic Health liaison and has actively collected qualitative data from Local CSHCN Programs regarding the impact of undocumented children with special needs to their program. Additionally, data from the National CSHCN Survey provided information on the children with special health care needs who were not insured during 2001. Current work consists of finalizing a formal work plan to redefine the scope of this objective, clarify use of data and connect with those entities that could provide desired data. This work will be ongoing.

3. Initiate BD surveillance pilot.

Work Done in Year 4: BD Surveillance pilot initiated and will coordinate with local CSHCN Coordinators to implement objectives. In September 2002, the CDC BD Surveillance grant was discontinued and the grant coordinator moved to a new position. As a result, both MCH Assessment and the CSHCN Program will evaluate how to proceed without a grant supporting the BD Surveillance efforts.

23. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2005

Field Note:

No new data

The percentage of children in the 8th grade that had smoked cigarettes within the past 30 days is 9.2% (95% CI is ± 1.1). These data were obtained from the Washington State 2002 Healthy Youth Survey. The Healthy Youth Survey is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, and the Office of Community Development. In the Fall of 2002, students in grades 6, 8, 10 and 12 answered questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors. A simple random sample of schools was drawn. All students in grades 6, 8, 10, 12 in selected schools were invited to participate. The Healthy Youth Survey will next be administered in the Fall of 2004. The Healthy Youth Survey provides important information about adolescents in Washington. County prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth. The information from the Healthy Youth Survey can be used to identify trends in the patterns of behavior over time. The state-level data can be used to compare Washington to other states that do similar

surveys and to the nation. The denominator represents the number of children enrolled in the 8th grade public schools in 2002, as reported in the 2002 Juvenile Justice Report, Office of Juvenile Justice.

24. Section Number: State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2005

Field Note:

The source of the data is 2001 Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) survey. The 2002 data are delayed at the CDC and were unavailable. The measure is defined as the estimated proportion of women who reported that their health care provider talked to them about physical abuse by their husbands or partners. The denominator was obtained from the live birth file, for Washington residents with plurality of 1 or first birth order. Note- we have revised the denominator and numerator data for the previous year based on the new methodology for the denominator.

25. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2005

Field Note:

Target 67% (10 of 15 benchmarks)

Year 3 Score: 12.2%

Cumulative Score: 55.5 %

1. Solicited additional funding for mental health assessment, as needed. (Score: 6.6%)

- MCH solicited additional resources to assist with mental health assessment. An application was submitted for a CDC Public Health Prevention Service fellow. The application was not accepted. MCH funding has been allocated for a Child Development Specialist who started March 2003 to focus on mental health needs in the MCH population.

- Developed a Mental Health promotion plan for MCH(Score:6.6%)

- The Child Development Specialist developed a work plan to address this objective. Included in the work plan are the following strategies:

- Disseminate information about children's mental health Partnerships for Supporting Children's Mental Health email distribution list. Seventy people were on the list by September 2003.

- Participate in regional meetings with local MCH staff to identify issues, barriers and effective strategies related to mental health and to facilitate coordination of state and local efforts.

- Conduct a literature review to identify children's mental health policy issues, and planning and implementation strategies.

- A work plan was also developed for the OMCH Mental Health Work Group. This Work Group coordinates the mental health promotion, prevention and intervention efforts within OMCH at the state level. It also connects with broader public health initiatives, for example physical activity and nutrition. The Work Group also provides technical assistance and serves in an advisory capacity to the Child Development Specialist

- OMCH worked with the Washington Health Foundation to bring together state and local, public and private partners to begin to address identification of issues, coordination of services and planning for the future of children's mental health in Washington State. This group is called Partnerships for Supporting Children's Mental Health. They are looking at children's mental health across the continuum of health promotion, prevention, intervention and treatment. Partnerships include the Division of Mental Health, in the Department of Social and Health Services, Region X Health Resources and Services Administration, and the State Education Agency. The information gathered by this group will inform the MCH planning process. A desired outcome of this initiative is a mental health promotion plan for MCH.

- Efforts have been made to coordinate MCH mental health planning with other MCH planning efforts including the Early Childhood Comprehensive Systems Grant, the Adolescent Health Improvement Plan and the WISE Grant for CSHCN.

2. Solicited funding to implement the plan. (Score:0%)

The OMCH Mental Health Work Group has had discussions regarding reapplying for the CDC Public Health Prevention Service fellow, possible interns to work on assessment and presenting a proposal to the OMCH Management Team at a future date.

26. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2005

Field Note:

The source of these data is 2001 Washington State Pregnancy Risk Assessment Monitoring System (PRAMS) survey. The 2002 data are delayed at the CDC and were unavailable. The measure is defined as the estimated proportion of women who reported that their health care provider talked to them about smoking, alcohol use, illegal drug use, getting tested for HIV status and postpartum birth control plans. The denominator was obtained from the live birth file, for Washington residents with plurality of 1 or first birth order. Note- we have revised the denominator and numerator data for the previous year based on the new methodology for the denominator.

27. Section Number: State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2005

Field Note:

Year 2 Activities Score: 9.9%

Cumulative Score: 63.5%

3. Completed Strategic Plan to promote and protect Food Security for MCH population. Plan will specify indicators, interventions, data collection, outcomes, and evaluation. (Score 3.3%)

§ While a formal strategic plan was not completed, MCH continued to work towards improving the nutritional status of the MCH population including:

- A contract was established with the University of Washington to guide the development of an MCH food security strategic plan.

- Data Collection and identifying Indicators:

- Stakeholder Input through the WA Anti-Hunger Nutrition Coalition (AHNC), closely affiliated with the Children's Alliance, is a non-profit statewide organization dedicated to reducing food insecurity.

- Key Findings and Themes for Intervention: WA in general, including the MCH population, has persistent food insecurity and hunger problems. There is a comparatively high prevalence of food insecurity, a significant gap between program eligibility and some food security program participation, lack of awareness on the part of the public and leaders and several groups at risk including minorities, non-English speaking, women (particularly single heads of households and younger mothers), youth in grades 6, 8, 10, and 12, poor/working poor and those living in rural counties. Based on data and stakeholder input analysis, five themes for potential objectives emerged: Access, Data/Reporting, Advocacy/Education, Organization/Coordination, and Improvements to WIC.

- Priority objectives identified by stakeholders, and estimated resources were discussed at the September 2003 CFH Nutrition Workgroup meeting.

4. Sought and obtained resource commitments for interventions and evaluation. (Score 6.6%)

- MCH Block Grant funds supported the work done through the University of Washington contract through September 2003, when the contract ended.

- Collaborative work continued in 2003 with the Basic Food Nutrition Education Program and the Summer Food Service Program at OSPI. Increased outreach to agencies serving the MCH population resulted in higher participation rates in 2003 in these two federally supported programs.

- The Community Wellness and Prevention section at the Washington Department of Health created a Nutrition & Physical Activity Section. The section released a Washington State Nutrition and Physical Activity Plan in June 2003 and includes a reduction of hunger and food insecurity as one of its nutrition objectives and priority recommendations. MCH will take advantage of this plan and work with CWP.
 - The CFH Nutrition Workgroup has included food security and hunger in its top priorities for action.
 - The MCH Managers and Director were presented with the prioritized objectives.
- Additional MCH funding and staff commitments for Year 4 have not yet been established.

28. Section Number: State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2005

Field Note:

Year 3 (October 2002-September 2003) (CURRENT YEAR REPORTING ON)

Year 3 Target: Target 65% (13 out of 20 benchmarks)

Score from Previous Year Activities Completed in Year 3: 12%

Score from Year 4-5 Activities Completed in Year 2: 1%

Year 3 Score:13.5

Cumulative Score: 59.5%

Benchmarks for Year 3:

1. Develop core competencies for child care health consultation (5%)

· Year 2: None

· Year 3: Developed core competencies w/ stakeholders and integrated into evaluation process and tools for CCHC. (Score 5%)

2. Integrate scientific knowledge into policy and practice as it relates to health and safety in child care (e.g. through training plan, core competencies, etc.) (5%)

· Year 2: Final phases of 'orientation' packet and 'resource kit' for CCHC's ; ongoing activity as we modify trainings, resources, and implement evaluation work (Score 4 %)

· Year 3: Completed CCHC Resource Kit and CD integrating all training modules revised in new template format for consistency. Distributed to all LHJs statewide.

Additionally, developed new modules to address Emergency Preparedness and National Health and Safety Standards, "Caring for Our Children" (Score 1%)

3. Identify integration opportunities regarding Immunization WAC for child care and the scope of local child care health consultation (5%)

· Year 2: negotiation with DSHS/Division of Child Care and Early Learning (DCCEL) re: integration of immunization WAC into child care WAC (Score 2.5%)

· Year 3: Creating pilot project for CCHCs to improve immunization status in child care by utilizing the CHILD Profile Immunization Registry as a result of AG opinion

allowing CCHC access to the Registry. Additionally partnering with DCCEL licensors to assist child care providers to meet the CC Immunization WAC. (Score 2.5%)

4. Provide resources for outreach, education, regarding children's access to health insurance and a medical home (5%)

· Year 2: working with Wa AAP and EPSDT Improvement Team and grant work. (Score 1%)

· Year 3: Partnered with WaAAP to facilitate 2 multidisciplinary focus groups, one on each side of the state, to promote medical providers role in health and safety in child

care. HCCW provided each physician with copy of "Pediatricians Role in Child Care" (Score 2%)

5. Communicate the work of HCCW through development of brochures, web-page, annual report, and fact sheets designed for various audiences

Year 3: Developed new HCCW Brochure and in created new web-page in partnership with Washington State Child Care Resource & Referral Network (Score 3%)

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: WA

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	5.6	5.5	5.5	5.4	5.3
Annual Indicator	5.0	5.2	5.8	5.7	
Numerator	401	423	461	452	
Denominator	79,577	81,004	79,542	79,003	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.2	5.1			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.2	2.2	2.1	2.1	2
Annual Indicator	3.1	1.4	2.1	1.7	
Numerator	13.7	7.2	11.6	8.9	
Denominator	4.4	5	5.5	5.2	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2	2			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.4	3.4	3.4	3.3	3.2
Annual Indicator	3.2	3.1	3.7	3.6	
Numerator	257	248	292	287	
Denominator	79,577	81,004	79,542	79,003	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.2	3.1			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.2	2.1	2.1	2.1	2
Annual Indicator	1.8	2.2	2.1	2.1	
Numerator	144	175	169	165	
Denominator	79,577	81,004	79,542	79,003	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2	2			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	8.5	8.4	8.4	8.3	8.3
Annual Indicator	8.4	7.7	8.2	8.3	
Numerator	674	628	652	657	
Denominator	80,045	81,441	79,960	79,437	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	8.2	8.2			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	21.6	21.5	21.4	21	20.6
Annual Indicator	19.4	18.6	17.9	18.5	
Numerator	234	219	211	218	
Denominator	1,205,133	1,177,311	1,180,712	1,181,317	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	20.2	19.8			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

Outcome Measure 01:

The infant mortality rate per 1000 live births.

Infant mortality rate is defined as the (number of deaths to children less than one-year old divided by the total number of live births) *1000. The source for these data is Mortality Table F1 reported in the Washington State Vital Statistics Report, 2002, from linked Birth and Death Certificate Files.

Outcome Measure 02:

The ratio of the black infant mortality to the white infant mortality.

The ratio is represented by the mortality rate for black infants/mortality rate for white infants by the definition given in (1). The source for these data is Mortality Table F6 reported in the Washington State Vital Statistics Report, 2002, from linked Birth and Death Certificate Files. The race of the mother is used.

Outcome Measure 03:

The neonatal mortality rate per 1000 live births.

The rate is determined by (the number of resident infant deaths occurring within the first 27 days of life divided by the total number resident live births)*1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2002, from linked Birth and Death Certificate Files.

Outcome Measure 04:

The postneonatal mortality rate per 1000 live births.

This rate is determined by (The number of deaths occurring to resident infants 28-364 days of age divided by the total number of resident live births)*1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2002, from linked Birth and Death Certificate Files.

Outcome Measure 05:

The perinatal mortality rate per 1000 live births.

The rate is determined by [The number of resident fetal deaths > 20 weeks gestation + resident infant deaths within the first 6 days of life divided by the total resident live births + Fetal deaths]*1000. The source for these data is Mortality Table F8 reported in the Washington State Vital Statistics Report, 2002, from linked Birth and Death Certificate Files.

Outcome Measure 06::

The child death rate per 100,000 children aged 1-14.

The source for this data is the Washington Center for Health Statistics Death Certificate Files (updated annually between September and October) and reported in Washington State Vital Statistics. The rate reflects deaths to children ages 1-14 from all causes divided by the population ages 1-14. The population figures are from Office of Financial Management.

FIELD LEVEL NOTES

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: WA

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 18

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: WA FY: 2005

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Improving access to comprehensive prenatal care.
2. Improving oral health status and access to oral health care services.
3. Improving the coordination of services for children with special health care needs.
4. Improving early identification, diagnosis and intervention services and coordination of services.
5. Decreasing family violence.
6. Decreasing unintended pregnancy and teenage pregnancy.
7. Improving mental health status.
8. Ensuring surveillance capacity for children with special health care needs.
9. Decreasing tobacco use.
10. Improving nutritional status.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: WA

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	CSHCN Program	Improve quality of data collected on CSHCN utilizing local public health CSHCN programs to include elements of ethnicity, education, and economic levels so information can be used in program development.	Expert trainer in cultural competency and interviewing skills.
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Cultural Competence	To assist state and local MCH staff in understanding and applying the CLAS Standards to help us address health disparities.	DHHS Office of Minority Health
3.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Performance Measure Targets	To assist OMCH develop the skills to develop realistic targets for the national and state performance measures for the MCHBG.	Expert facilitator in establishing targets for performance measures.
4.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Integration	OMCH needs expert facilitation to focus on intra-agency collaboration to improve the health services system for children and families.	Expert facilitator in systems integration.
5.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Fragile X Education	OMCH would like to bring a nationally known speaker to an educational conference being planned in 2004/2005 for genetic service providers.	Nationally recognized speaker on testing for Fragile X.
6.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Logic Models	OMCH needs training on developing and using logic models as a tool for decision-making.	Expert training in logic model use and development.
7.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____	Adolescent Health	The OMCH needs assistance to collaborate with other state and territorial adolescent health coordinators in order to improve access to national resources and experts on adolescent health.	MCHB
8.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>9</u>	Nutrition	Mobilize MCH Nutrition Team to enlist support of partners to address hunger and food security in the MCH population.	Expert to review Strategic Plan and food security activities.
9.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>6</u>	Domestic Violence Prevention	OMCH needs consultation with state and local MCH staff regarding curriculum revisions, evaluation of training, and developing measures for effects of witnessing domestic violence by children.	Dr. Linda Chamberlain, a nationally recognized expert on domestic violence.
10.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the	Healthy Relationships	The Healthy Relationship Project would like some technical assistance from other MCH state youth projects to review current proposals and results, develop a work plan, and provide guidance.	A person who has a project within their state that focuses on prevention of intimate partner violence.

	measure number here: <u>6</u>			
11.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>6</u>	Family Violence Prevention Fund (FVPF) Meeting	OMCH would like funding to allow OMCH staff to present at the FVPF meeting in October 2004.	MCHB
12.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>2</u>	Decision-Making and Comprehensive Care for Children with Special Health Care Needs	OMCH needs training related to family leadership for children with special health care needs and parent consultants.	Consultant from the National Center for Cultural Competence.

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: WA

SP # 1

PERFORMANCE MEASURE:

The percent of pregnancies (live births, fetal deaths, abortions) that are unintended.

STATUS:

Active

GOAL

Reduce the number of unplanned pregnancies.

DEFINITION

Numerator:

Numerator: Estimate of all unintended births from PRAMS data, similar proportion of fetal deaths, plus all abortions.

Denominator:

Denominator: All live births and fetal deaths plus abortions.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

PRAMS and WA State Center for Health Statistics abortion data files. This estimate assumes all abortions are the result of unintended pregnancy and that the proportion of fetal deaths which are unintended is the same as the proportion of live births. A small percentage of abortions will be due to fetal or maternal condition and not the result of an unintended pregnancy.

SIGNIFICANCE

Unintended pregnancy is correlated with late or inadequate prenatal care, low birth weight, neonatal death, domestic violence, child abuse, and exposure of the fetus to harmful substances like tobacco, alcohol, and other drugs. It is associated with social and economic co-factors such as economic hardship, marital dissolution, failure to achieve educational goals, and spousal abuse.

SP # 2

PERFORMANCE MEASURE:	The percent of pregnant women abstaining from smoking.
STATUS:	Active
GOAL	Increase abstinence from tobacco during pregnancy.
DEFINITION	<p>Numerator: Number of women reporting tobacco use during pregnancy from Birth Certificate data.</p> <p>Denominator: All live births.</p> <p>Units: 100 Text: Percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	Birth Certificate data.
SIGNIFICANCE	Maternal smoking during pregnancy is a risk factor for low birth weight, the leading cause of infant mortality as well as congenital malformations.

SP # 3

PERFORMANCE MEASURE:

Percent of women who receive counseling from their prenatal health care provider on tests for identifying birth defects or genetic disease.

STATUS:

Active

GOAL

Ameliorate the consequences of disorders through prenatal counseling and specialized obstetric and neonatal care.

DEFINITION

Numerator:

Number of women who received prenatal care prior to the birth of their child and who were offered counseling on tests for identifying birth defects or genetic disease.

Denominator:

All women delivering a baby in the State of Washington.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

PRAMS

SIGNIFICANCE

Approximately three percent of all families have a risk of having a newborn with a genetic disorder. Approximately 60% of fetuses with Down Syndrome and 98% of fetuses with an abdominal wall defect or neural tube defect can be identified by MSAFP screening during pregnancy. Prenatal genetic counseling and testing is a valuable way to diagnose and provide for interventions for babies born with birth defects and genetic conditions.

SP # 4

PERFORMANCE MEASURE:

Establish state and local capacity for determining the prevalence of children with special health care needs.

STATUS:

Active

GOAL

To develop a systematic means of providing reliable data on the prevalence of children with special health care needs.

DEFINITION

See notes for a detailed list of benchmarks and how they are described in percentages.

Numerator:

The number of performance measure benchmarks Washington has reached towards establishing state and local capacity for determining the prevalence of children with special health care needs.

Denominator:

Total number of benchmarks for this measure (9).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The State CSHCN program; National Health Institute Disability Supplemental Data; State Department of Social and Health Services Medical Assistance Administration data; Vital Statistics and Hospital Discharge data; health care plans, others. The process of increasing assessment capacity for children with special health care needs is evolving. Little experience in utilizing secondary data sets for children with special health care needs exist. Primary data collection has been limited. Application of national level survey data to children with special health care needs at the state level has been limited. No single existing source of data meets the identified needs for data to promote the health and well being of children with special health care needs.

SIGNIFICANCE

Approx. 18% of WA's children have a special health care need. OMCH promotes comprehensive, family centered systems of care, and assures the quality, efficacy and appropriateness of services for this population. To fulfill these roles, CSHCN must first be able to identify the population and provide reliable data on prevalence. Then we can focus on collecting and reporting issues, health status and quality of life for children with special health care needs. The development & implementation of an integrated data system providing regularly available data for these uses is critical to assuring and promoting the health and well being of these children.

SP # 5

PERFORMANCE MEASURE:

To reduce the prevalence of 8th grade youth who report smoking one or more cigarettes in the last 30 days.

STATUS:

Active

GOAL

To reduce tobacco use by youth.

DEFINITION

Numerator:

The estimated number of 8th graders in Washington who reported smoking one or more cigarettes in the last 30 days, as measured on the Healthy Youth 2002 Survey.

Denominator:

The number of 8th grade students enrolled in Washington State public schools.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The source of this measure will come from the Healthy Youth Survey, which will be administered every two years beginning in 2002.

SIGNIFICANCE

The Washington State Department of Health has received a \$15 million allocation from tobacco settlement funds to begin a statewide comprehensive tobacco prevention and control program. A significant proportion of program funding will be dedicated to youth-oriented anti-tobacco media campaigns, school-based prevention programs, and community-based youth empowerment programs. Measurement of youth tobacco use will be an important key to tracking overall program efficacy.

SP # 6

PERFORMANCE MEASURE:

The percent of women who are screened for domestic violence during their prenatal care visits.(SP 11 Revised.)

STATUS:

Active

GOAL

To reduce the incidence of domestic violence experienced by pregnant and postpartum women by increasing perinatal provider identification and referral through increased training efforts.

DEFINITION

Numerator:

Number of women who have delivered a live birth who report that their doctor, nurse or other health care provider talked to them during prenatal care visits about physical abuse to women by their husbands or partners. (PRAMS data weighted for statewide estimate).

Denominator:

All pregnant women who have delivered a live birth (based on PRAMS data weighted for statewide estimate).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

PRAMS

SIGNIFICANCE

Approximately 5% of pregnant women in Washington report being physically abused during pregnancy based on PRAMS data. The rate is much higher for teens and low-income women. Health care providers see pregnant women frequently and are in a position to play an important role in identifying and referring victims of domestic violence. Washington's approach is to develop ongoing mechanisms to train health care providers on identification and referral of domestic violence for pregnant and postpartum women, increase the percent of pregnant women who are screened during their prenatal visits and ultimately to reduce the prevalence of domestic violence.

SP # 7

PERFORMANCE MEASURE:

Increase the capacity of MCH to assess mental health needs of the child and adolescent population and to promote early identification, prevention and intervention services.

STATUS:

Active

GOAL

Increase the mental health of MCH populations.

DEFINITION

See notes for a detailed list of benchmarks.

Numerator:

The number of performance measure bench marks Washington has reached to towards assessing the mental health needs of the child and adolescent population.

Denominator:

Total number of benchmarks (15).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

There will be two major data related focus areas:1. Currently there is a lack of Washington specific data regarding the level of need for non-publicly funded mental health services for MCH populations. Therefore, work on this performance measure will require increasing MCH's assessment capacity to identify the level of need.2. Data does exist in other state agencies regarding the availability and usage of publicly funded mental health services. MCH's activities will includedeveloping an analytic plan to collect and analyze secondary data sources which may include JRA Mental Health Systems Design Committee survey results, King County school-based clinic data, DSHS Child Welfare data, and the Health Youth Survey 2002.

SIGNIFICANCE

It has been estimated that as many as 20% of children and adolescents have a diagnosable behavioral, emotional or mental disorder. Furthermore, these conditions can lead to substance use, violent behaviors (including suicide attempts) and may limit educational attainment. Because this is a new priority for MCH and because limited data exist on some mental health issues (i.e., the level of need for mental health services by MCH populations in the State of Washington), the initial focus of MCH's efforts will be on assessment.

SP # 8

PERFORMANCE MEASURE:

The percent of women who are screened during prenatal care visits for smoking, alcohol use, illegal drug use, HIV status, and postpartum birth control plans.

STATUS:

Active

GOAL

To improve access to comprehensive prenatal care that includes universal screening for smoking, alcohol use, illegal drug use, HIV status, and postpartum birth control plans.

DEFINITION

Numerator:

Number of women who have delivered a live birth who report that their doctor, nurse or other health care provider talked to them during prenatal care visits about smoking, drinking alcohol, post-partum birth controls, illegal drugs, and getting tested for HIV. (based on PRAMS data weighted for statewide estimates.)

Denominator:

All pregnant women who have delivered a live birth (based on PRAMS data weighted for statewide estimate).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

PRAMS provides data on all of these issues.

SIGNIFICANCE

Universal screening during prenatal care visits for smoking, alcohol use, illegal drug use, HIV status and postpartum birth control provides opportunities to identify high risk behaviors and conditions so that interventions can be provided to reduce smoking, alcohol and illegal drug use; reduce perinatal transmission of HIV; and reduce subsequent unintended pregnancies.

SP # 9

PERFORMANCE MEASURE:

Develop and implement a set of measurable indicators and a strategic plan to improve food security in the Washington MCH population, that is, absence of skipped meals or hunger due to lack of food.

STATUS:

Active

GOAL

To improve food security in the Washington State MCH population.

DEFINITION

See notes for a detailed list of benchmarks.

Numerator:

The number of performance measure benchmarks Washington has reached to towards improving food security.

Denominator:

Total number of benchmarks (15).

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

These reports provide indicators of Food Security or Food Insecurity/ Hunger in Washington: YRBS, BRFSS, PRAMS, Children's Alliance Food Policy Center, Anti-Hunger and Nutrition Coalition, Food Stamp Program Administrative Reports, and Kid's Count, WIC, and Office of the Superintendent of Public Instruction Child Nutrition Programs (school lunch and breakfast), and Food Bank Organizations reports of utilization.

SIGNIFICANCE

Aberrant nutritional status can result from food or nutrient deficits or excesses. The concept of Food Security implies adequate household resources are needed to obtain sufficient nutritionally adequate and safe foods to meet basic needs through regular marketplace sources, without need to resort to emergency food sources (food banks), scavenging, stealing, or other severe coping strategies. The vast majority of Americans are food secure. Child-bearing aged women, infants, and children are especially vulnerable to the adverse effects of hunger and nutrient inadequacies, and those with low income are at greatest risk. Nutrient intake and dietary habits of infants and children impact readiness to learn and contribute to health risks in adulthood. Nutrition factors contribute substantially to the burden of preventable illness and premature death in the U.S. and to the nation's economic burden.

SP # 10

PERFORMANCE MEASURE:

Increase statewide system capacity to promote health and safety in child care.

STATUS:

Active

GOAL

Increase the capacity of the state to promote health and safety in child care by: a) developing collaborations with state agencies providing child care services, b) securing long term funding c) developing a set of core competencies for child care health consultation, d) integrating training and technical assistance, and e) promoting access to health insurance and a medical home through linkages with childcare providers.

DEFINITION

See notes for a detailed list of benchmarks.

Numerator:

The number of performance measure benchmarks Washington has reached to increase statewide system capacity to promote health and safety in child care.

Denominator:

Total number of benchmarks (18).

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data will come from the Child and Adolescent Health Program

SIGNIFICANCE

The Washington State Department of Health, Maternal and Child Health Office (MCH) has taken a comprehensive approach to building an integrated public health/child care framework throughout Washington State in order to ensure the health and safety of the 60-70% of children under age 5 who are estimated to attend out-of-home care. This approach encompasses both the immediate physical needs of children as well as the developmental and emotional health in order to support children's readiness to learn at school entry. MCH activities have focused in three areas: training and technical assistance, quality assurance, and support for access to health services. All of these MCH activities aim to provide training to local health and child care resource and referral agencies so that they can better understand the health status and provide for the developmental needs of children in child care both in terms of the care they provide and the training of parents and/or linkage to services they assist parents with.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: WA

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	29.3	36.9	32.5	33.6	
Numerator	1,176	1,456	1,295	1,342	
Denominator	401,616	394,306	398,000	399,421	
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	59.9	87.0	85.0	97.0	
Numerator	19,433	30,732	31,453	31,435	
Denominator	32,443	35,325	37,003	32,407	
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	59.9	87.0	85.0	NaN	
Numerator	1,369	5,367	5,244	0	
Denominator	2,285	6,169	6,169	0	
Is the Data Provisional or Final?				Provisional	

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	70.5	70.6	70.8	71.1	
Numerator	46,886	49,512	49,117	48,547	
Denominator	66,546	70,109	69,377	68,324	
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	48.9	47.9	50.5	53.8	
Numerator	60,616	61,028	69,496	75,891	
Denominator	123,930	127,463	137,708	141,160	
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	10.5	11.1	11.0	8.9	10.3
Numerator	947	1,098	1,180	936	1,171
Denominator	9,060	9,920	10,720	10,570	11,418
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. Section Number: Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2005

Field Note:

These data come from the Washington State Hospital Discharge database (CHARS) and are updated annually. The numerator represents the number of hospital discharges for children less than 5 years of age who had a primary diagnosis of asthma (ICD-9 codes 493.0-493.9). The denominator represents the number of children less than 5 years of age in Washington from Office of Financial Management

2. Section Number: Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2005

Field Note:

These data are based on the Washington State 2003 HEDIS Report from the Department of Social and Health Services and reflect the estimated statewide proportion of children who turned 15 months old during the reporting year, who were enrolled from 31 days of age in Medicaid or SCHIP and who received at least one well child visit. Data from seven managed care plans (who serve approximately 70% of the Medicaid enrollees less than 15 months) contributed to this report. Children not covered by managed care plans include those on SSI, in foster care, and residents who live in counties without a managed care option.

The denominator reflects the number of Medicaid enrollees less than one year. Although there appears to be a decline from last year, the number of kids enrolled in Medicaid has not changed: we used a different methodology and it impacted what we were estimating in the denominator.

Last year, we used the 2000 Medicaid Healthy Options chart review conducted by the Oregon Medical Professional Review Organization to develop our estimate of EPSDT screens, which now according to Medicaid is not a sustainable means of collecting this information and we decided using the HEDIS information for children under 15 months would be more reliable over time. This year we used the HEDIS information collected by Medicaid from the contracted managed care health plans. The different data source impacted how we calculated the denominator. Last year, we calculated the average monthly Medicaid enrollment of children under age 1 in CY01 for the denominator (37,003). This year, we calculated the average monthly Medicaid enrollment of children under 15 months of age who were enrolled in managed care in CY02 for the denominator (32,407). We used 15 months as the cut off, because HEDIS collects EPSDT data on children < 15 months old, and we used only the children in managed care as we did not have information on the approximately 30% of children < 15 months who are in fee for service. For comparison's sake, the average monthly Medicaid enrollment of children under age 1 in CY02 was 37,683.

3. Section Number: Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2005

Field Note:

HSC3: The data from the previous years reflects all CHIP enrollees, not just children less than 1 year. In 2002, there were approximately 212 children less than 15 months during the reporting year who were covered by the State Children's Health Insurance Plan. A little over half of these children were enrolled in managed care plans. Their well child experience is included in the Washington State 2003 HEDIS Report from the Department of Social and Health Services. Because data specific to the CHIP enrollees are not available through HEDIS for this age group, we are currently unable to report on this measure. Washington CHIP covers from 200 to 250% of the poverty level.

4. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2005

Field Note:

These data come from the Washington State Center for Health Statistics Birth Certificate Files and are updated annually. The numerator represents the number of resident women (15-44 with a live birth) whose Adequacy of Prenatal Care Utilization (APNCU) index is greater than or equal to 80%. The denominator represents all resident women (15-44) with a live birth during the reporting year. 13.5% of the data fall outside the range of acceptable weight range (400-6000 grams) or are missing information describing the number of prenatal care visits and month prenatal care visits began.

5. Section Number: Health Systems Capacity Indicator #07

Field Name: HSC07

Row Name:

Column Name:

Year: 2005

Field Note:

These data come from the Department of Social and Health Services Medical Assistance Administration. The numerator represents the number of Medicaid enrolled children 6-9 who received any dental service in 2002. The denominator represents the total number of children ages 6-9 enrolled in Medicaid in 2002, in both Healthy Options (the MAA managed care program) and fee-for-service.

6. Section Number: Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2005

Field Note:

The sources of these data are the Washington State CSHCN Child Health Intake Form (CHIF) database and the Federal Social Security Administration. The numerator is the number of kids with a Child Health Intake Form (CHIF) completed who have SSI in 2003 (1,171). The total number of entries in the CHIF database for 2002 was 10,399. The denominator is from state-specific SSI data from the Health and Ready to Work National Center. In Washington, this target is set low because Medicaid provides extensive benefits and the CSHCN program is the payer of last resort. Last year's figures have been updated.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: WA

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2002	Matching data files	<u>6.3</u>	<u>5.3</u>	<u>5.7</u>
b) Infant deaths per 1,000 live births	2002	Matching data files	<u>6.8</u>	<u>4.7</u>	<u>5.6</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2002	Matching data files	<u>74.4</u>	<u>90.2</u>	<u>83.5</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2002	Matching data files	<u>64.2</u>	<u>78.2</u>	<u>72.3</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: WA

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2002	<u>200</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2002	<u>200</u> <u> </u> <u> </u>
c) Pregnant Women	2002	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: WA

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2002	<u>250</u>
b) Medicaid Children (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2002	<u>250</u> <u> </u> <u> </u>
c) Pregnant Women		<u> </u>

FORM NOTES FOR FORM 18

These data reflect the infant mortality rate for the 2001 Medicaid birth cohort. Thus, the number is based on the number of Medicaid and non-Medicaid infants born in 2001 who died in their infancy (so the death may have occurred in 2001 or in 2002). The overall number for this HSI differs from the CY 2002 period infant mortality rate for outcome measure #01. Outcome measure 01 is a period mortality rate and reflects the total number of infant deaths during CY2002 divided by the total number of live births in CY 2002.

.The percent of missing data for the Medicaid, non_medicaid comparisons are: LBW: 1.0 % Medicaid, 1.6% non-Mediciad, First trimester PNC: 10.6% Medicaid, 7.5% nonMedicaid, adequate PNC: 15.6% Medicaid and 11.9% non-Medicaid.

Indicator 6: The source of these data is the Washington State Poverty Guidelines. The source for SCHIP eligibility comes from the Model Application Template For State Child Health Plan under Title XXI of the Social Security Act State Children's Health Insurance Program. SCHIP eligibility should read 201 to <=250.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2005
Field Note:
See Form Notes
2. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:
See Form Notes

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: WA

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	No
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:

1 = No, the MCH agency does not have this ability.

2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.

3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: WA

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Other: Healthy Youth Survey	3	Yes

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	No
Pediatric Nutrition Surveillance System (PedNSS)	3	No
WIC Program Data	3	No
Other: Healthy Youth Survey	3	Yes

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19**Annual Data Linkages:**

The Department of Health has just initiated an internal data sharing agreement to link the WIC eligibility files with the PRAMS survey data and the birth certificates for 1999-2001. MCH should have access to at least the WIC-PRAMS linked data. This linkage is in progress.

Washington does not link the birth certificate file to the newborn screening file. However, the newborn screening program does receive copies of the birth records from facilities and uses that information to monitor the children screened, and assures that children have access to treatment as necessary. Over 99% of children born in Washington are screened using this methodology.

Although MCH does not have direct access to the Medicaid and newborn screening data, we have a strong history of collaboration with our partners to obtain data needed for program planning. In addition, through our SSDI grant we have been working with partners in the Department of Social and Health Services to enhance our understanding and use of Medicaid data through the development of a data review process, data dictionary and monthly data meeting.

Registries and Surveys: Washington has a passive birth defects surveillance system based on hospital discharge data. The BDSS is actively working on improving compliance with reporting requirements, enhancing data validation efforts, and boosting the data linkage to birth, fetal death and death certificates. Although Washington does not implement the YRBS, we do have a survey of adolescents implemented through the schools every two years. The Healthy Youth Survey is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, and the Office of Community Development. Students in grades 6, 8, 10 and 12 participate. The Healthy Youth Survey will next be administered in the Fall of 2004.

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: WA

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	5.9	5.6	5.8	5.8	
Numerator	4,630	4,516	4,588	4,529	
Denominator	78,664	80,653	79,142	77,907	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	4.5	4.3	4.6	4.4	
Numerator	3,463	3,410	3,454	3,316	
Denominator	76,454	78,451	75,686	75,686	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	1.0	1.0	1.0	1.0	
Numerator	799	773	825	774	
Denominator	78,664	80,653	79,142	77,970	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	0.8	0.8	0.8	0.8	
Numerator	592	600	611	587	
Denominator	76,454	78,451	76,869	75,686	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	6.8	7.9	7.7	8.3	
Numerator	86	99	97	104	
Denominator	1,261,695	1,255,051	1,259,241	1,260,062	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	3.2	3.4	2.8	2.7	
Numerator	41	43	35	34	
Denominator	1,261,695	1,255,051	1,259,241	1,260,067	
Is the Data Provisional or Final?					

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	18.6	23.0	23.5	22.5	
Numerator	149	188	197	192	
Denominator	802,756	818,153	839,143	854,561	
Is the Data Provisional or Final?					

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	190.2	208.7			
Numerator	2,400	2,619			
Denominator	1,261,695	1,255,051			
Is the Data Provisional or Final?					

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	24.8	21.0			
Numerator	313	263			
Denominator	1,261,695	1,255,051			

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	116.7	111.5			
Numerator	937	912			
Denominator	802,756	818,153			

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	18.7	19.5	19.8	22.9	
Numerator	3,745	3,960	4,174	4,865	
Denominator	200,242	203,443	210,946	212,895	

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	1999	2000	<u>Annual Indicator Data</u>		
			2001	2002	2003
Annual Indicator	4.4	4.9	5.0	6.4	
Numerator	4,620	5,154	5,466	6,962	
Denominator	1,045,067	1,041,359	1,088,230	1,087,383	

Is the Data Provisional or Final?

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: WA

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0							
Women 15 through 17	0							
Women 18 through 19	0							
Women 20 through 34	0							
Women 35 or older	0							
Women of all ages	0	0	0	0	0	0	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15			
Women 15 through 17			
Women 18 through 19			
Women 20 through 34			
Women 35 or older			
Women of all ages	0	0	0

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HSI #08A - Demographics (Total deaths) *Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #08B - Demographics (Total deaths) *Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)*

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

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HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

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HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	
Living in urban areas	
Living in rural areas	
Living in frontier areas	
Total - all children 0 through 19	0

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

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HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

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HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None